OMB Number: 2900-0080
Estimated Burden: 2 minutes
Expiration Date: 10/30/2004

Department of Veterans Affairs

AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES

1A. DATE OF ISSUE	1B. ISSUING OFFICE	1C. DATE OF ISSUE (Month, day, year)
		1D. VETERAN'S NAME (First, middle initial, last)

2. NAME OF PHYSICIAN OR FACILITY	3. VETERAN'S CLAIM NUMBER	4. SOCIAL SECURITY NUMBER
	C-	
	5. AUTHORIZATION VALID	
	FROM	TO

PART I - SERVICES AUTHORIZED

6. SERVICES SHOWN BELOW ARE AUTHORIZED FOR THE PERIOD INDICATED IN ITEM 5 ABOVE. (See special provisions on the back of this form.)	7. FEE $

8. FEE SCHEDULE OR CONTRACT	9. AUTHORITY	9A.	10. ESTIMATED AMOUNT

11. FISCAL SYMBOLS	12. AUTHORIZED BY (Name and Title)
36 _____ 0160.001	

PART II - INVOICE

13. DATE(S) OF SERVICE			14. DESCRIPTION OF SERVICE (If services furnished are identical to those authorized, enter the remark "As Authorized Above" in this column. Otherwise, itemize services.)	15. FEE CLAIMED
MONTH	DAY	YEAR	SERVICE FURNISHED	AMOUNT
				$

15A. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER	Individual or organization furnishing service, enter billing date and amount claimed. (Continue billing on back if necessary.)	16. BILLING DATE	17. TOTAL CLAIMED	$

PART III - FOR VA USE ONLY

ADMINISTRATIVE CERTIFICATION

Payment of this will not cause payee to exceed maximum amount allowed. Services have been furnished as authorized or medically approved except as stated below.

SIGNATURE AND TITLE	DATE

AUDIT BLOCK

AMOUNT DUE	DATE	VOUCHER AUDITOR
$		

REMARKS

PART IV - ACCOUNTING BLOCK

ION PAT NO	TC & SC	CPF	LIQ	AMT		DATE/INITIALS
					1ST SA $	
					2ND SA $	

PART II - INVOICE (Continued)

13. DATE(S) OF SERVICE			14. DESCRIPTION OF SERVICE	15. FEE CLAIMED
MONTH	DAY	YEAR		AMOUNT
				$

Please enter total shown in 17A. Enter this total in 17on front of form also.	16. BILLING DATE	**17A. TOTAL CLAIMED**	**$**

SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:

* ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF CAR, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.

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OMB Number: 2900-0080
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Department of Veterans Affairs

AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES

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	5. AUTHORIZATION VALID	
	FROM	TO

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MONTH	DAY	YEAR	SERVICE FURNISHED	AMOUNT
				$

15A. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER	Individual or organization furnishing service, enter billing date and amount claimed. (Continue billing on back if necessary.)	16. BILLING DATE	17. TOTAL CLAIMED	$

PART III - FOR VA USE ONLY

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AUDIT BLOCK

AMOUNT DUE	DATE	VOUCHER AUDITOR
$		

REMARKS

PART IV - ACCOUNTING BLOCK

ION PAT NO	TC & SC	CPF	LIQ	AMT		DATE/INITIALS
					1ST SA $	
					2ND SA $	

PART II - INVOICE (Continued)

13. DATE(S) OF SERVICE			14. DESCRIPTION OF SERVICE	15. FEE CLAIMED
MONTH	DAY	YEAR		AMOUNT
				$

Please enter total shown in 17A. Enter this total in 17on front of form also.	16. BILLING DATE	**17A. TOTAL CLAIMED**	$

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Department of Veterans Affairs

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MONTH	DAY	YEAR	SERVICE FURNISHED	AMOUNT
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AMOUNT DUE	DATE	VOUCHER AUDITOR
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REMARKS

PART IV - ACCOUNTING BLOCK

ION PAT NO	TC & SC	CPF	LIQ	AMT		DATE/INITIALS
					1ST SA $	
					2ND SA $	

PART II - INVOICE (Continued)

13. DATE(S) OF SERVICE			14. DESCRIPTION OF SERVICE	15. FEE CLAIMED
MONTH	DAY	YEAR		AMOUNT
				$

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PART II - INVOICE (Continued)

13. DATE(S) OF SERVICE			14. DESCRIPTION OF SERVICE	15. FEE CLAIMED
MONTH	DAY	YEAR		AMOUNT
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➡ **Please enter total shown in 17A. Enter this total in 17 on front of form also.**	16. BILLING DATE	➡	**17A. TOTAL CLAIMED**	$

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PART II - INVOICE (Continued)				
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MONTH	DAY	YEAR		AMOUNT
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